

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Deng, et al.

Serial No.: 10/763,819

Conf. No.: 5026

Filed: January 23, 2004

For: FABRICATION OF METALLIC MICROSTRUCTURES VIA EXPOSURE OF
PHOTOSENSITIVE COMPOSITION

Examiner: K. Duda

Art Unit: 1756

FAX RECEIVED

MAY 09 2007

OFFICE OF PETITIONS

The undersigned hereby certifies that this document is being transmitted via facsimile to the United States Patent and Trademark Office in accordance with 37 C.F.R. § 1.6(d) to the attention of MS 313(c), Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, at facsimile number 571-273-0025, on the date shown below.

Dated: 5/9/07

Signature:  (Angela M. Griffith)

Mail Stop 313(c)
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION TO WITHDRAW APPLICATION FROM ISSUE
UNDER 37 C.F.R. §1.313(c)(2)

Sir:

Pursuant to 37 C.F.R. §1.313(c)(2) and MPEP §1308, Applicants respectfully request withdrawal of the above-identified application from issuance after payment of the issue fee to permit consideration of the Amendment After Allowance under 37 C.F.R. §1.312 filed on April 11, 2007 (copy enclosed), which amendment was refused entry by the Examiner. Applicants submit herewith a Request for Continued Prosecution Examination (RCE) in compliance with 37 C.F.R. §1.114.

The petition fee of \$130.00 under 37 C.F.R. § 1.17(i) and the Request for Continued Prosecution Examination (RCE) fee of \$395.00 should be charged to our Deposit Account No.: 23/2825. The Commissioner is hereby authorized to charge any deficiency or credit any overpayment to the account of the undersigned, Deposit Account No. 23/2825.

05/09/2007 11:51 FAX 00000001 232825 10763819

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Serial No.: 10/763,819
Conf. No.: 5026

Attorney Docket No.: H0498.70130US01
Art Unit No.: 1756

The Office is requested to telephone Applicant's undersigned Counsel at the number given below if any questions should arise in connection with this matter.

Respectfully submitted,

By: 

Timothy J. Oyer, Reg. No.: 36,628
Wolf, Greenfield & Sacks, P.C.
600 Atlantic Avenue
Boston, Massachusetts 02210-2206
Telephone: (617) 646-8000

Docket No.: H0498.70130US01
Date: May 9, 2007

1187992-1

PTO/SB/17 (06-07)

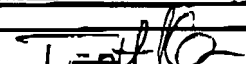
Approved for use through 05/31/2007. OMB 0651-0032
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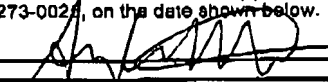
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known FAX RECEIVED	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/763,813
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	January 23, 2004
		First Named Inventor	Deng, et al
		Examiner Name	K. Duda
		Art Unit	1756 OFFICE OF PETITIONS
		Attorney Docket No.	H0498,70130US01

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield & Sacks, P.C.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Small Entity
							Fee (\$)
2. EXCESS CLAIM FEES							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims							Fee Paid (\$)
- 20 = _____ x _____ = _____							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims							Fee Paid (\$)
- 3 = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____					
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ...							395.00
Petition to Withdraw Application from Issue							130.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	36,628
Name (Print/Type)	Timothy J. Oyer, Ph.D.	Telephone	(617) 646-8000
		Date	MAY 9, 2007

The undersigned hereby certifies that this document is being transmitted via facsimile to the United States Patent and Trademark Office in accordance with 37 C.F.R. §1.6(d) to the attention of MS 313(c), Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, at facsimile number 571-273-0022, on the date shown below.	
Dated: <u>5-9-07</u>	Signature:  (Angela M. Griffin)

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MAY 09 2007

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F A X C O V E R

Date Wednesday, May 09, 2007 **Number of pages (including cover):** 11

To Company MS 313(c)
United States Patent and Trademark Office

Fax 571-273-0025

From Timothy J. Oyer, Ph.D.

Direct dial 617.646.8251

Our File # H0498.70130US01

ORIGINAL DOCUMENTS SENT: ☐ 1st Class Mail ☐ Overnight Mail ☐ Air Mail ☒ Not Sent

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Wolf Greenfield Fax Number: 617.646.8646

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